Prioritising Health and Wellbeing Needs

Hammersmith and Fulham JSNA Highlight Report 2012
Introduction

The Joint Strategic Needs Assessment (JSNA) guides the development and delivery of health and social care services, by focusing on local priorities and enabling partnerships. This JSNA highlight report is a high level summary of the major factors impacting the health and wellbeing of residents of Hammersmith and Fulham.

The report has been laid out to aid Health and Wellbeing Boards, Clinical Commissioning Groups and other stakeholders in establishing local priorities.

The report makes reference to *Fair Society, Healthy lives*, the Marmot Review into health inequalities in England, which recommended action *across* the social gradient to improve everyone’s health, with a scale and intensity that is proportionate to the level of disadvantage. Some of the factors influencing health inequalities have been highlighted in the diagram below. This report aims to support cost-effective commissioning decisions, and therefore makes reference to relevant public health guidance from the National Institute for Health and Clinical Excellence (NICE).

A wealth of analysis has been carried out by the Public Health Team and Council analysts to inform the JSNA process over the last few years. This document provides a synopsis of current need. In the coming months, a more detailed updated JSNA will be developed which will incorporate findings from the new 2011 Census as they are released, and will introduce an ‘asset-based’ approach to understanding health and well-being, rather than using the current ‘deficit’ approach. It will also include detail around health and social care service use by different population groups.

Further details of the JSNA can be found at [www.jsna.info](http://www.jsna.info)

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**Andrew Christie** – Tri-borough Director of Children’s Services  
**Andrew Webster** – Tri-borough Director of Adult Social Care

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### The causes of health inequalities

#### The wider determinants of health

- Financial status
- Employment and work environment
- Education
- Housing

#### The lives people lead

- Leading risk factors:
  - Tobacco
  - High blood pressure
  - Alcohol
  - Cholesterol
  - Being overweight

#### The health services people use

- Accessibility and responsiveness
  - Primary care (e.g. GP practice)
  - Secondary care (e.g. hospital)
  - Preventative care (measures taken to prevent diseases)
  - Community services

*Source: National Audit Office literature review*
Location and ward maps
The Local Population

Hammersmith and Fulham is a small and very densely populated borough situated in the centre west of London, bordered by the River Thames on the south and south west side. The borough has three main town centre areas: Shepherd’s Bush, Hammersmith, and Fulham.

The Office for National Statistics estimates the resident population in 2010 to be 169,705 people, with 198,377 patients registered with Hammersmith and Fulham GPs. The population is expected to increase in the medium to long term, particularly in areas such as White City in the north of the borough.

The population is characterised by a large proportion of young working age residents, high levels of migration in and out the borough, and ethnic and cultural diversity. Although residents have a higher life expectancy than nationally, there are significant areas of poorer health in the more deprived parts of the borough and therefore large health inequalities.

Age

The age profile in Hammersmith and Fulham is typical of inner city areas, with a very high proportion of young working age adults, and a smaller proportion of older people and children. The 123,000 residents aged 16 to 64 represent 72.5% of the total population. This population structure impacts on the types and range of service required in the borough.

Gender

There are a similar number of men and women living in the borough. As with elsewhere, there are a greater number of older women due to their longer life expectancy.

Ethnicity

The borough has a similar proportion of residents from ‘White British’, ‘Black’ and ‘Other/mixed’ ethnic groups in comparison to London. There are far more from the ‘White other’ category, and far fewer from the ‘Asian’ category, in comparison to London. The White other category includes those from Europe, Ireland, the Americas and Australia. 76% of the borough’s state school
children are from ethnic groups other than White British.

**Nationality and language**

Analysis of data on patients registered with GPs suggests there are significant populations from Ireland, Australia, New Zealand, Western and Eastern Europe, Somalia, Caribbean countries, the Philippines, Iraq and Iran. By far the most common minority language spoken is Arabic. English is spoken as an additional language by 47% of the borough’s state school children.

**Households**

There are around 79,000 households in Hammersmith and Fulham, with an average household size of 2.2 persons. Around four out of ten households are single households, one fifth are occupied by families, and one in ten by lone parents. Single elderly households account for 13% of all households. The proportion of social and private rented housing is high compared to London and England.

**Population mobility**

Hammersmith and Fulham had the fifth highest population mobility rate in England and Wales in 2001, with one in five residents moving address in the previous year. Population ‘churn’ can create challenges around effective delivery of public health programmes such as screening and immunisation.

**Deprivation**

The Index of Multiple Deprivation (IMD) combines economic, social and housing indicators into a single score, allowing the ranking of areas by deprivation. In 2010, Hammersmith and Fulham was ranked the 55th most deprived local authority in the country, with significant pockets of deprivation in the north.

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### Most common nationalities and languages. Estimates based on GP registration data

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<tr>
<th>Most common country of birth (excl. UK)</th>
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### Tenure, 2001

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<td>19%</td>
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### Index of Multiple Deprivation 2010

[Map showing deprivation levels across Hammersmith and Fulham]
Child wellbeing and child poverty

The Child Wellbeing Index (CWI) is a composite index with seven domains: material well-being; health; education; crime; housing; environment; and children in need. Based on these, the borough is ranked 24th lowest out of 354 in England for wellbeing. Figures from the Index of Multiple Deprivation Affecting Children (IDACI) suggest that 36% of the borough’s children live in income-deprived households.

Employment and unemployment

The majority of jobs in the borough fall into the service and retail sectors. The unemployment rate for residents is currently 8.9%, similar to London. The Job Seekers Allowance (JSA) claimant rate (4.2%) is similar to London (4.4%) and Great Britain (4.1%), although the rate for claimants for over 12 months is higher.

Incapacity benefit for mental health

Wormholt and White City, Shepherd’s Bush Green, Askew, Hammersmith Broadway, and College Park & Old Oak are amongst the top 20% of all wards in London for incapacity benefit claimant rates for mental health reasons.

Health and life expectancy

The average life expectancy is 79.4 years for men and 84.3 for women, slightly higher than London and England averages. Life expectancy has improved by 5.3 years for men and 3.7 years for women over the last decade. This is faster than London and England, particularly for men, which used to be below the London and England average.

Disability-free life expectancy

Disability-free life expectancy is increasing, but at a slower rate than life expectancy: people are experiencing longer periods of time living with disability, resulting from improved survival rates from major diseases.
such as stroke, heart disease and cancer. National modelling predicts women aged 65 in 2030 will live for four years with a disability, compared to three years today. Given large numbers living alone locally, this is likely to increasingly impact on the level of support required from services and carers.

**Health inequality**

There is significant variation in life expectancy across the social gradient in Hammersmith and Fulham. The Slope Index of Inequality, which measures the absolute difference in life expectancy between the most and least deprived areas, shows a 7.9 year life expectancy gap for men and a 5.4 year gap for women. These are similar to the median figures for England (8.9 and 6.0 respectively).

However, the gap appears to have widened over the last five years in Hammersmith and Fulham, for both men and women. Overall increases in life expectancy have been driven primary by improvements in the more affluent areas, with life expectancy in the more deprived areas remaining almost the same.
Prioritising the Causes of Early Death in the Borough

Premature mortality refers to people who die before the age of 75. This measure is used to identify deaths usually considered ‘avoidable’. Last year, there were 405 premature deaths in Hammersmith and Fulham, a higher number than is typical for a borough in London or England. Of these, 9 were aged under 1 and 3 were aged 1-19.

Prioritising action to reduce early death is important because work focused in particular areas or with particular groups has the power to reduce the variation in life expectancy that currently exists in the borough, thereby narrowing health inequalities.

The principle cause of premature death in Hammersmith and Fulham is cancer, followed by cardiovascular disease (CVD) (which includes heart disease and stroke). A significant number of people also die from respiratory diseases. Accidents and injuries are most common among younger residents. This is pattern is broadly similar to the rest of the country.

Tackling chronic diseases using a range of interventions, including support for lifestyle change and improved services for those with chronic disease, has resulted in a reduction of around 130 early deaths a year over the last decade, with differing levels of success across disease types.

**Cardiovascular disease**

There have been marked reductions locally in premature mortality from CVD in the past decade (by 46%), the result of factors such as more timely high quality treatment, effective prescribing, and a reduction in the number of smokers. Ten years ago, CVD was the primary cause of early death; it is now the second most common.

Currently 75 residents of the borough die prematurely each year from heart disease and 20 from stroke.
Cancer

Improvements in lifestyles, as well as more accessible and high quality care, have resulted in a modest decline in the early death rate for cancer. However, change has been small compared to London and England (5% locally in the last decade, compared to 20% in London and 17% nationally). Nationally, issues still exist around early diagnosis of cancer, with chances of survival much poorer in areas of deprivation.

Currently 150 residents of the borough die prematurely each year from cancer, which is around 15 more than a typical London borough. Lung, breast and bowel cancer account for the greatest number of early deaths in the borough.

What does the evidence say?

NICE guidance PH15 identifies stopping smoking and the appropriate prescribing of statins to reduce cholesterol as being the most cost-effective interventions for making improvements in life expectancy in targeted communities.

Approaches

Two focuses are generally used to tackle early death from chronic disease:

- **Primary prevention** - reducing risk factors for these diseases by promoting and maintaining healthy lifestyles e.g. stopping smoking

- **Secondary prevention** - better identification and treatment of chronic diseases e.g. appropriate prescribing of medicines to reduce high cholesterol and blood pressure

Evidence

- NICE PH15 Identifying and supporting people most at risk of dying prematurely
Prioritising the Largest Causes of Disability in the Borough

Prioritising health needs based on causes of death is valuable in understanding life years lost, but it does not always capture the impact of disability on day to day living. Conditions that may not result in premature death can nevertheless result in a huge day to day health burden on people’s lives. This not only impacts on service use but also employment possibilities and participation in social networks.

The recent Marmot review outlined the economic case for tackling and supporting disability, given the increasing proportion of the future working age population who, in the absence or intervention, would be living with a disability.

Nationally, mental ill-health accounts for the greatest burden of years of life with a disability. Whilst it only accounts for 5% of years of life lost before the age of 75, it is responsible for over 40% of all years of life spent with a disability.

Mental ill-health has been shown to have a strong inter-relationship with other chronic diseases. For example, there is a three times higher likelihood of depression among those with diabetes.

Locally, inpatient admission for chronic disease is 15-30% more common among those on GP depression registers, compared to those who are not.

Other conditions are significant causes of disability: sense organ diseases (14%), respiratory disease (8%) and musculoskeletal disorders (8%) each individually account for a greater burden of disability in lifetime than either CVD (6%) or cancer (3%).

NICE Guidance
- NICE PH16 Mental well-being and older people
- PH22 Promoting mental well-being at work
- PH19 Management of long-term sickness and incapacity for work
Prioritising Where the Borough is an ‘Outlier’

Sometimes it may be appropriate to target resources towards population groups, disease types, or geographical areas where the borough is seen to be an ‘outlier’ compared to elsewhere.

Being an outlier might mean the borough is performing worse than elsewhere and needs are not being met. It might also be that the borough is home to vulnerable population group not common elsewhere (such as a prison population) that has very specific health needs to be addressed.

Outliers for harmful behaviour

The prevalence of smoking in Hammersmith and Fulham is, at 24%, the 4th highest in London. It is estimated that one in two long-term smokers dies prematurely and that around 6 hospital admissions per day in Hammersmith and Fulham are attributable to smoking.

In the past, the hospital admission rate for accidents and injuries among 0-17 year olds has been high compared to London (and similar to England), although it appears to be dropping. There are around 370 hospital admissions a year, and considerably more people are seen in A&E. There are much greater numbers in areas of deprivation, due to larger child populations in these areas, but also a greater likelihood of occurrence among these residents.

Hospital admissions for alcohol-related and alcohol-specific harm (e.g. liver disease) are significantly higher in Hammersmith and Fulham than in London and England, as are alcohol-related crimes. Around 19 people every year in Hammersmith and Fulham die before 75 from chronic liver disease, 7 more than is typical for London. ‘Hotspots’ for alcohol-related admissions include the White City and Shepherd’s Bush areas.

Hammersmith and Fulham has the 3rd highest rate of acute sexually transmitted infections in the country. Rates of Chlamydia among 15-24 year olds are less high but still above the national average.

Smoking prevalence, 2011

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<th>London</th>
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<td></td>
<td>24.2%</td>
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NICE Guidance

- PH2 Four commonly used methods to increase physical activity
- PH1 Brief interventions and referral for smoking cessation
- PH30 Preventing unintentional injuries among under 15s in the home
- PH24 Alcohol-use disorders – preventing harmful drinking
- PH3 Prevention of sexually transmitted infections and under 18 conceptions
**Poor dental health** during childhood can result in significant disease and distress in later life through dental decay and gum disease with pain and infection. Dental caries accounts for one fifth of all hospital admissions for 5-9 year olds.

44.5% of 5 year olds attending the borough’s state schools have decayed, missing or filled teeth, the 4th highest in London in 2007/08 and higher than the London average, with highest levels in areas of deprivation (the survey is currently being repeated). The proportion of children who had seen an NHS dentist in the previous 24 months at December 2011 (67.0%) was the same as London but lower than England (70.7%).

**Outliers for health and disease**

The overall **premature (under 75) death rate** higher than London and England and Shepherd’s Bush Green, Askew, and Hammersmith Broadway wards fall within the 20% worst wards in London, with around 7-11 more early deaths a year than is typical for London.

The premature death rate from **cancer** is higher than London and England. Five electoral wards (Askew, Fulham Broadway, Fulham Reach, Hammersmith Broadway, and Munster) have among the 20% worst rates in London, with around 2-3 more early deaths a year in each than London.

**Breast and cervical screening** coverage rates continue to be among the lowest in the country, with local evidence population diversity, migration and high use of private services create a constant challenge to improvement. Survival from breast and lung cancer is higher in the borough than the London average. There are 1-3 deaths a year from cervical cancer in the borough.

The premature death rate from **cardiovascular disease** is broadly similar to
London but higher than nationally. Within the borough, Shepherd’s Bush Green ward has among the 20% worst rates in London, with around 3 more early deaths a year, compared to London.

The premature death rate from COPD is higher than London and England. Five more people in the borough die before 75 from COPD than is typical for London. Hospital admissions are also much higher.

**Vulnerable population groups**

There were 255 looked after children in the borough in March 2010, with a rate around one quarter higher than the London average. However, it is understood that Hammersmith and Fulham figures are inflated due to the relatively high numbers of unaccompanied asylum-seeking children.

There were 89 under 18 conceptions in the borough in 2010 - around 11 more than typical for a London borough - and 24 associated births. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.

There are currently 2,395 patients in the borough on a GP register for severe and enduring mental illness (e.g. schizophrenia), the 8th highest in the country in 2010/11. These patients are spread relatively uniformly throughout the borough.

There are currently 1,051 residents in Hammersmith and Fulham diagnosed with HIV, the 7th highest rate aged 15-59 in the country, with a higher proportion of cases contracted via sex between men. In 2010, 19% of cases were diagnosed late, compared to the London average of 27%. Late diagnosis carries with it increased risk of poor health and death and increases chances of onward transmission.
Hammersmith and Fulham is home to a significant prison population: HMP Wormwood Scrubs is a closed category B prison of around 1,200 male inmates. Most inmates are either on remand or serving shorter sentences.

Between one-third and one-half of the prison population nationally is drug-dependent, one-third is alcohol-dependent and up to three-quarters have a personality disorder. Local data identifies a smoking prevalence of 80-85%, and there are 50-70 referrals a month to mental health services.

There are likely to be in the region of 338 families financially affected by welfare reform by £20 a week or more, resulting from changes in legislation around housing benefit. There will also be further families affected from the introduction of Universal Credit, which may result in a changing population composition and need for services over the next few years. Local services are in the process of ensuring those at risk are supported through the process.

The estimated number of problem drug users in Hammersmith and Fulham was 1,450 in 2009/10, a rate of 11.5 per 1,000 population aged 15-64, the 9th highest rate in London. The cost to society of crimes associated with problem drug use in the borough may be as much as £60 million, (based on national estimates from the Home Office).

NICE Guidance

- PH28 Looked after children and young people
- PH34 Increasing the uptake of HIV testing among men who have sex with men
- PH4 Interventions to reduce substance misuse among vulnerable young people
- PH18 Needle and syringe programmes
Prioritising Emerging Public Health Issues

Some emerging public health issues are likely to have an increasingly significant impact both in the short and long term in Hammersmith and Fulham over time. The impacts are likely to be felt within the NHS and local council, but also much more widely.

Prioritising action around these issues may help alleviate their impact and ensure services are adequately prepared for the future.

**Obesity** can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to 31% rise over 5 years in GP-recorded numbers with diabetes locally.

**Child obesity** in Hammersmith and Fulham state primary schools has been consistently higher than nationally for Year 6 pupils (aged 10-11) over a period of time. These higher rates may in part be a result of physical inactivity and poor diet, which is also reflected in poorer than average levels of tooth decay locally. In 2010/11, 158 children in reception and 275 children in year 6 were found to be at risk of obesity (BMI 95th percentile) and 99 and 188 were classified as clinically obese (BMI 98th percentile). 10% of the borough’s primary school children live outside the borough.

There are estimated to be 22,000 obese adults in the borough, 15% of the total. Levels of adult obesity have been rising nationally. The cost to the local NHS from obesity is around £10-20 million a year.

**Alcohol-related harm**

Alcohol-related harm is an increasing public health issue and Hammersmith and Fulham is an ‘outlier’: it has more hospital admissions for alcohol-related and specific harm (e.g. liver disease) and alcohol-related crimes than the national average.

Over the last decade, alcohol-related admissions have more than doubled, faster than nationally. ‘Hotspots’ for alcohol-related admissions include the White City and Shepherd’s Bush area.

### Obesity trend in Year 6 children

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<td>17.2%</td>
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<td>England</td>
<td>17.5%</td>
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**NICE Guidance**

- PH27 Weight management before, after and during pregnancy
- PH17 Promoting physical activity for children and young people
- PH13 Promoting physical activity in the workplace
- PH35 Preventing type 2 diabetes - population and community interventions

**Local alcohol facts**

- **130%**: the amount that alcohol-related admissions have grown by in the 8 years – similar to London and faster than nationally
- **£7 million**: the estimated cost of alcohol-attributable admissions in Hammersmith and Fulham, or £42 for each resident
- **50,000 days**: the estimated working days lost locally from absences caused by drinking
A growth in the older population

The number of older people is expected to rise considerably over the next two decades. Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Hammersmith and Fulham was the 4th lowest in the country in 2001.

This rise is caused by improvements in life expectancy and greater numbers of people born in the post war ‘baby boom’ who are approaching old age. The latter explains the predicted acceleration in numbers of 80+ year olds from around 2025 onwards.

Unless behaviour and services change, people will experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

Illnesses such as dementia, primarily prevalent among very old populations, will become increasingly commonplace. Currently, there are likely to be around 1,250 patients in Hammersmith and Fulham with dementia. By 2025, there are likely to be in the region of 1,500 patients. Earlier diagnosis of dementia is associated with delayed admission to nursing care.

Public health issues for the older population, such as social isolation, physical inactivity, and falls, may become more commonplace, as will levels of disability and mobility issues.

Improved life expectancy for children with complex needs

Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.

NICE recommends:

NICE recommends that memory assessment services should be the single point of referral for all people with a possible diagnosis of dementia.

It also recommends that health and social care managers should coordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers.

NICE CG 42: Supporting people with dementia and their carers in health and social care
Prioritising the Social Determinants of Health

Social inequities in health are the unfair and avoidable differences in health across groups in society. In 2010, Michael Marmot published the “Fair Society, Healthy Lives” report, which illustrated the "social gradient in health". He laid out evidence demonstrating that disadvantage starts before birth and accumulates throughout a person’s life, leading to poorer health outcomes later on in life.

Prioritising a ‘life course’ approach is seen as being vital in the process of improving health and well-being and reducing inequalities. The six policy objectives from the report cover a range of national and local recommendations for action.

1) Giving every child the best start in life

The Marmot review advocates focusing resource particularly on the early years, given that “what happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.”

More children in Hammersmith and Fulham achieve a good level of development at age 5 than London and England.

The infant mortality rate in Hammersmith and Fulham has consistently been falling and is below London and England rates.

Breastfeeding at 6-8 weeks is, at 82.2%, considerably higher than the London and England rates (63.9%; 45.2%).

Last year, 104 women stated that they were smoking during pregnancy, or 4.2% of all NHS maternities. This was lower than London (6.5%) and much lower than England (13.5%). Data for this indicator is self-reported by new mothers, collected via hospital discharge summaries.

NICE identifies child immunisation as one of the cheapest and most effective public health interventions. The mobile population in Hammersmith and Fulham creates challenges around achieving coverage rates in line with national targets.

Marmot recommendations Local action for giving every child the best start in life:
- Pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
- Routine support to families through parenting programmes, children’s centres and key workers, via outreach to families
- Programmes for the transition to school
- Good quality early years education and childcare proportionately across the gradient, with outreach for disadvantaged children

Child development
Children age 5 achieving a ‘Good level of development’, 2011

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<td>69.3%</td>
<td>59.5%</td>
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JSNA – Prioritising health and well-being
For example, the proportion of children who completed both their MMR doses by their 5th birthday was 69.0% in 2010/11 which is lower than the national average of 84.2%.

2) Enabling children and adults to maximise their capabilities and have control over their lives
Maintaining a reduction in inequalities across the social gradient requires “a sustained commitment to children and young people through the years of education”.

71.3% of children at Hammersmith and Fulham schools achieved 5 or more GCSEs at Grade A* to C, including English and Maths, the third highest local authority in London.

5.8% of young people in Hammersmith and Fulham aged 16-19 are not in employment, education, or training, compared to 5.7% in London and 6.7% in England.

3) Creating fair employment and good work for all
Evidence shows being in good employment is protective of health and being unemployed contributes to poor health. Recent reports have therefore highlighted the importance of early intervention to support those on sickness absence back to work. The Marmot review pointed out that “jobs need to be sustainable and offer a minimum level of quality”.

The unemployment rate is currently 8.9%, similar to London. Nearly half of all Job Seekers Allowance (JSA) claimants are in long-term unemployment (over 6 months).

In Wormholt and White City, Shepherd’s Bush Green, Askew, Hammersmith Broadway and College Park & Old Oak wards almost 1 in 20 working age people claim incapacity benefits for mental health

Marmot recommendations Local action for maximising capabilities and control:

- Extend the role of schools in supporting families and communities
- Implement extended schools
- Develop the school-based workforce to work across school-home boundaries
- Support for 16–25 year olds on life skills, training and employment opportunities
- Work-based learning, e.g. apprenticeships for young people
- More availability of non-vocational lifelong learning across the life course

Marmot recommendations Local action for creating fair employment and good work for all:

- Ensure public/private sector employers adhere to equality guidance/legislation
- Implement guidance on stress management wellbeing promotion and physical and mental health at work
- Prioritise flexibility over retirement age
- Encourage/incentivise employers to make jobs suitable for lone parents, carers and people with mental and physical health problems
reasons. These wards are amongst the top fifth of all wards in London for incapacity benefit claimant rates.

4) Ensuring a healthy standard of living for all

The Marmot review highlighted that having insufficient money to lead a healthy life is a highly significant cause of health inequalities. Income is needed for "adequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene".

In Hammersmith and Fulham, the median gross household income is £35,000 per annum which is slightly higher than the London average. The lowest household income is in College Park & Old Oak ward and the highest income is in Parsons Green & Walham ward. However, 12% of households depend on less than £15,000 per year.

Around a third (36%) of the borough’s children live in income-deprived households and the proportion of the population in receipt of means-tested benefits is higher than London and England.

5) Creating sustainable communities and places that foster health and wellbeing

The physical and social characteristics of communities have been found to impact on inequalities in health. Marmot also found a clear social gradient in ‘healthy’ community characteristics, with poorer environmental conditions more prevalent among deprived communities than their affluent counterparts.

The introduction of the Community Infrastructure Levy (CIL) will increase opportunities to improve the physical and social infrastructure of both new development areas (e.g. the White City Opportunity Area) and existing neighbourhoods.

In 2005, 19% of Hammersmith and Fulham was classified as open space, compared to...
22% in Inner London and 38% in London. Not all of this is publicly accessible space.

6) Strengthening the role and impact of prevention

Lifestyle factors that have a significant effect on chronic disease – such as smoking, physical inactivity and poor diet – have a clear social gradient. The Marmot review recommends that prevention roles, sometimes seen as ‘NHS’, should be the responsibility of a range of local stakeholders, and the move of public health to local authorities therefore offers opportunities.

The diverse and highly mobile local population means identifying those with unhealthy behaviour and supporting them to make changes can be challenging.

Hammersmith and Fulham residents have favourable levels of adult obesity and physical activity compared to elsewhere. However, even with this relative advantage, obesity still affects around 22,000 adults in the local population (particularly those in deprived areas), and over 110,000 adults in the borough do not participate in 30 minutes of physical activity at least three times a week.

Marmot recommendations Local action for strengthening prevention:

- Increase/ improve the scale and quality of medical drug treatment programmes
- Focus interventions such as smoking cessation and alcohol reduction on reducing the social gradient
- Programmes to address the causes of obesity across the social gradient
- Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient

Action in Hammersmith and Fulham around lifestyle change:

During 2010/11:

Local stop smoking services helped 1,746 people to quit smoking at 4-6 weeks. This was higher than the NHS target set

913 people drug users were engaged in effective treatment. This was higher than the target
Appendix: References

The local population

Resident population: ONS 2010 mid-year estimate
GP registered population: PCT extraction from Open Exeter, January 2012
Life expectancy: ONS Life expectancy at birth 2008-10
Migration: ONS 2001 Census, and comparisons between years for GP registration data
Poor health in deprived areas: Premature mortality SMRs 2005-09 by ward, HNA Toolkit website, and slope index of inequalities, London Health Observatory website
Age, gender, and population structure chart: ONS 2010 mid-year estimate
Ethnicity: ONS 2001 Census. School ethnicity from Department for Education, January 2012
Nationality: Country of birth derived from free text ‘place of birth’ field in Exeter GP registration data, 2010. Language estimated, based on country of birth. Residents speaking other languages may also speak English. School languages from Department for Education, January 2012
Household size and structure: GLA 2010 SHLAA household projections, ONS 2001 Census for single elderly households
Housing tenure: ONS 2001 Census
Deprivation: Index of multiple deprivation 2010, Department for Communities and Local Government

Prioritising the causes of early death in the borough

Number of premature deaths: ONS Primary care mortality database 2011 and ONS VS3 2010
Premature deaths by cause: ONS Primary care mortality database 2011
Premature deaths over time: Age standardised premature mortality over time, NCHOD
Premature CVD and cancer deaths over time: Age standardised premature mortality from CVD and cancer over time, NCHOD
Premature CVD and cancer deaths by ward: Under 75 SMRs for CVD and cancer by ward 2005-09, HNA toolkit

Prioritising the largest causes of disability in the borough

Years of life lost and years of life with a disability: from the WHO global burden of disease 2004-08 http://www.who.int/healthinfo/global_burden_disease/en/
Mental health and chronic disease: evidence of inter-relationship cited in Quality and Outcomes Framework (QOF) 2011/12 guidance. Local analysis carried out by INWL PCTs using SUS data and GP depression registers in Kensington and Chelsea, and Hammersmith and Fulham, 2011

Prioritising where the borough is an ‘outlier’

Smoking prevalence: Integrated Health Survey July 2010 to June 2011. Extracted from LHO website
Premature death from smoking, hospital admissions from smoking, smoking attributable deaths: H&F 2009/10 JSNA
Accidents and injuries: admissions for accidents and injuries 2010, NCHOD, and INWL PCTs analysis of admission rates by ward, 2008/09 to 2010/11
Alcohol specific and related harm: NCHOD 2010, Northwest Public Health Observatory Alcohol Profiles, including NI39 alcohol related admissions over time, to 2010/11, and INWL PCTs analysis of emergency admissions by ward
Sexually transmitted infection (STI) data: HPA website 2010/11
Premature deaths by ward: under 75 SMRs by ward 2006-10, HNA toolkit. NCHOD for borough data
Premature cancer deaths by ward: under 75 SMRs for cancer by ward 2006-10, HNA toolkit. NCHOD for borough data
Breast and cervical screening: coverage 2010/11, extracted from NHS Information Centre website
Cancer survival rates: 1 year survival from those diagnosed 2004-08. National Cancer Intelligence Network. Extracted from My Health London website
Premature CVD deaths by ward: Under 75 SMRs for CVD by ward 2006-10, HNA toolkit. NCHOD for borough data
Premature COPD deaths: Age standardised under 75 rate for COPD 2010, NCHOD for borough data
Emergency hospital admissions for COPD: 2010/11 data extracted from Dr Foster tool
Looked after children: children 0-17 looked after at March 2010, Department for Education
Teenage conceptions: Under 18 conception data 2010, ONS
Severe and enduring mental illness: GP QOF registers of severe and enduring mental illness, QMAS March 2012. Ranking from QOF 2010/11 pages on NHS Information Centre website
HIV/AIDS: SOPHID 2010 for ranking and 2009 for other detail. HPA late diagnosis figures 2010. Late diagnosis is CD4 count <200 cells/mm3 within 91 days of diagnosis
Prison population: Hammersmith and Fulham substance misuse JSNA 2012 and CLCH data extraction 2012
Welfare reform: FOI based on 22 February 2012 Housing Benefits Inquiry Report to the Housing, Health and Adult Social Care Committee. FOI findings provided by LBHF
Problem drug users: Estimated number in population 2009/10, NTA website (login required)

### Prioritising emerging public health issues
Child obesity: National Child Measurement Programme (NCMP) data, 2010/11, from NHS Information Centre. Local data provided by CLCH School Nursing Teams
Diabetes prevalence: QOF 2006/07 to 2011/12. Extracted from QMAS
Adult obesity: synthetic estimates of adult obesity, 2003-05, extracted from Neighbourhood Statistics
Estimated cost of obesity: adapted from the Foresight Report, Government Office for Science (national figure £5 billion)
Alcohol specific and related harm: NCHOD 2010, Northwest Public Health Observatory Alcohol Profiles, including NI39 alcohol related admissions over time, to 2010/11, and INWL PCTs analysis of emergency admissions by ward, and Closing Time: counting the cost of alcohol-attributable hospital admissions in London, from the LHO website. Working days lost from alcohol estimated from 17 million working days lost nationally (NICE Guidance 24 Alcohol-use disorders: preventing the development of hazardous and harmful drinking
Rising older (80+) population: GLA 2010 SHLAA projections for Hammersmith and Fulham and London. ONS 2008 subnational population projections for England
Dementia growth: estimates produced by INWL PCT, based GLA 2010 SHLAA projections applied to GP registered population

### Prioritising the social determinants of health
Infant mortality: Infant death under 1 year, 2010, NCHOD
Breastfeeding: 6-8 week breastfeeding uptake by PCT 2010/11. Published on Department of Health website
Smoking during pregnancy: Smoking at time of birth by PCT 2010/11. Published on Department of Health website
Child obesity: National Child Measurement Programme (NCMP) data, 2010/11, from NHS Information Centre. Local data provided by CLCH School Nursing Teams
Diabetes prevalence: QOF 2006/07 to 2011/12. Extracted from QMAS
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Child immunisation: First and second doses of MMR by age 5, 2010/11. Extracted from [www.ic.nhs.uk](http://www.ic.nhs.uk)